Stormer, R.D.

CHANGE OF CORRESPONDENCE ADDRESS

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I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
OR  I hereby appoint the practitioners associated with the Customer Number;							25315	
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I am the:  Applicant/Inventor.  Assignee of record of the entire interest, See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature Kozn / Skime								
Name	Roger Skime	, VIGe President						
Date	21	3/06	1	lephone	218-681-97			
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